

**MoDOT/MSHP MEDICAL AND LIFE INSURANCE PLAN
AFFIDAVIT OF LEGAL CITIZENSHIP OR PERMANENT RESIDENCY
FOR MEMBERS UNDER AGE EIGHTEEN**

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20____, before me appeared _____,
(name of MoDOT/MSHP subscriber)
personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed to this affidavit,
who being by me duly sworn, states as follows:

My name is _____, and I am of sound mind, capable of making this affidavit, and
(name of MoDOT/MSHP subscriber)
personally certify the facts regarding the lawful presence in the United States of my dependent herein stated, as required by Section
208.009, RSMo.

I am the _____ of _____ who is applying as an eligible dependent for
(parent/guardian) (name of dependent applicant under age 18)
the public benefit (health insurance benefits) provided by the MoDOT/MSHP Medical and Life Insurance Plan (Plan), acting by and
through the Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP).

I have personal knowledge that the United States of America classifies my dependent as: (check the applicable box)

☐

a United States citizen

☐

an alien lawfully admitted for permanent residence

I am aware that Missouri law provides that any person who obtains any public benefit by means of a willfully false statement or representation, or by willful concealment or failure to report any fact or event required to be reported, or by other fraudulent device, shall be guilty of the crime of stealing pursuant to Section 570.030, RSMo, which is a Class C felony for stolen public benefits valued between \$500 and \$25,000 (punishable by a term of imprisonment not to exceed 7 years and/or a fine not more than \$5,000 – Sections 558.011 and 560.011, RSMo), and is a Class B felony for stolen public benefits valued at \$25,000 or more (punishable by a term of imprisonment not less than 5 years and not to exceed 15 years – Section 558.011, RSMo).

I recognize that, upon proper submission of this sworn affidavit, my dependent will only be eligible for temporary public benefits until such time as his/her legal citizenship or permanent residency in the United States is determined, not to exceed ninety days, or as otherwise provided in Section 208.009, RSMo.

I understand that Missouri law requires administrators of public benefits to provide assistance in obtaining appropriate documentation to prove citizenship or permanent residency in the United States, and I agree to submit any requests for such assistance to the Plan in writing.

I acknowledge that I am signing this affidavit as a free act and deed and not under duress.

Affiant Signature

Dependent's Social Security Number or
Applicable Federal Identification Number

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: